

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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FAIR POLITICAL
PRACTICES COMMISSION
11 APR -4 PM 2:30

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Craven Charlotte

1. Office, Agency, or Court

Agency Name

City of Camarillo

Division, Board, Department, District, if applicable

Your Position

City Council

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: see attached Expanded Statement Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☒ County of Ventura

☒ City of Camarillo

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left / / (Check one)

The period covered is / / , through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☒ Assuming Office: Date see attached

☐ The period covered is / / , through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached (3)

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed January 26, 2011
(month, day, year)

Signature

Charlotte Craven
Form 700 Attachment
2011 Expanded Statement

<u>Agency</u>	<u>Position Title</u>	<u>Statement</u>
Camarillo Sanitary District	Director	Annual
Community Development Commission	Commissioner	Annual
Camarillo Capital Improvement Corporation	Director	Annual
Public Facilities Authority	Director	Annual
Industrial Development Authority	Director	Annual
Library Board of Trustees	Director	Assuming 1/26/2011
CA State University Channel Islands Site Authority	Boardmember	Annual
CA State University Channel Islands Finance Authority	Boardmember	Annual
Fox Canyon Ground Water Management	Member	Annual
Ventura Regional Sanitation District	Alternate	Annual
Ventura County Regional Energy Alliance	Boardmember	Assuming 1/1/2011

If Assuming or Leaving, indicate date.

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Charlotte Craven</u>

1. BUSINESS ENTITY OR TRUST	
Name <u>Michael Craven</u>	
Address (Business Address Acceptable) <u>2238 Via del Suelo, Camarillo, CA</u>	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Life Agent (Insurance)</u>	
FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>owner</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
<u>Life Insurance of the Southwest</u>

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
<u>NONE</u>	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold <u> </u> Yrs. remaining <input type="checkbox"/> Other <u> </u>	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____

1. BUSINESS ENTITY OR TRUST	
Name _____	
Address (Business Address Acceptable) _____	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold <u> </u> Yrs. remaining <input type="checkbox"/> Other <u> </u>	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

1 of 3 SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Charlotte Craven

STREET ADDRESS OR PRECISE LOCATION
65/67 Raemere St.
CITY
Camarillo, CA 93010

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Area Housing Authority
1400 W. Hillcrest, Thousand Oaks, CA

STREET ADDRESS OR PRECISE LOCATION
57/59 Raemere St.
CITY
Camarillo, CA 93010

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Maria Lara (Tenant)
Area Housing Authority, Thousand Oaks, CA

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
NONE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*
NONE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

Page 2 of 3 **SCHEDULE B**
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Charlotte Craven

STREET ADDRESS OR PRECISE LOCATION
3110/3112 Olds Road
CITY
Oxnard, CA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Refugio Pacheco, Tenant
Oxnard Housing Authority
1410 Colonia Rd, Oxnard, CA

STREET ADDRESS OR PRECISE LOCATION
464 Broderick Way
CITY
Port Hueneme, CA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Tuan Nguyen (Tenant)

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
CBC FCU

ADDRESS (Business Address Acceptable)
2151 Gonzales, Oxnard, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER
Financial Institution

INTEREST RATE TERM (Months/Years)
5.75% ☐ None 5 years

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*
NONE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
____% ☐ None ____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

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SCHEDULE B **Interests in Real Property** (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Charlotte Craven

STREET ADDRESS OR PRECISE LOCATION

1300 Glenwood

CITY

Oxnard, CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 10

ACQUIRED

/ / 10

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499☐ \$500 - \$1,000☐ \$1,001 - \$10,000☒ \$10,001 - \$100,000☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Marcia Chavez, Tenant
Mitha Singh Sran, Tenant

STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 10

ACQUIRED

/ / 10

DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust☐ Easement☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

CBC FCU

ADDRESS (Business Address Acceptable)

2151 Gonzales, Oxnard, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER

Financial Institution

INTEREST RATE

6.75%

☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☒ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

_____%

☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

Comments: